| | PATEN | DE IT A | FOR UTIL SIGN PPLICATION FR 1.63) | |
|-------------------------------------|-----------------|------------|---|--------------------------|
| X Decla Subm with I Filing | itted nitial | OR | Declaration Submitted Filing (sur (37 CFR required) | d after Initia charge |

Please type a plus sign (+) inside this box —> [+]

| PTO/SB/01 (12- | 97) |
|--|-----|
| Approved for use through 9/30/00 OMB 0651-0 Patent and Trademark Office; U.S. DEPARTMENT OF COMMER | 032 |
| Patent and Trademark Office; U.S. DEPARTMENT OF COMMER | ₹CE |

1-0032 IERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| OR UTILITY OR SIN LICATION | Attorney Docket Number | AD-9 | | | | |
|--|------------------------|--------------------|--|--|--|--|
| | First Named Inventor | Davidkhanian, Alex | | | | |
| | COMPLETE IF KNOWN | | | | | |
| 1.63) | Application Number | | | | | |
| Declaration Submitted after Initial | Filing Date | | | | | |
| | Group Art Unit | | | | | |
| Filing (surcharge (37 CFR 1.16 (e)) | Examiner Name | | | | | |

| As a below named inventor, I hereby declare that: | | | | | | | | | | | |
|---|---|-------------------------------------|-------------------------|---|--|--|--|--|--|--|--|
| My residence, post office address, and citizenship are as stated below next to my name | | | | | | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled. "SLAG DETECTOR FOR MOLTEN STEEL TRANSFER OPERATIONS" | | | | | | | | | | | |
| the specification of which (Title of the Invention) is attached hereto OR The transfer of the Invention | | | | | | | | | | | |
| Application Number I hereby state that I have reamended by any amendment | was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56 | | | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed | | | | | | | | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO | | | | | | | |
| 0006609.2 | United Kingdom 03/17/2000 | | | | | | | | | | |
| Additional foreign applic | ation numbers are listed on a | supplemental priority data | sheet PTO/SB/0 | 2B attached hereto. | | | | | | | |
| I hereby claim the benefit | Additional foreign application numbers are listed on a supplemental prionty data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under 35 U S.C. 119(e) of any United States provisional application(s) listed below | | | | | | | | | | |
| Application Number | | e (MM/DD/YYYY) | | | | | | | | | |
| | | | numbe supple | onal provisional application ers are listed on a emental priority data sheet BB/02B attached hereto. | | | | | | | |

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 0.4 hours to complete Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

| Please type a plus sign (+) inside this box → + | PTO/SB/01 (12-97) Approved for use through 9/30/00 OMB 0651-0032 Patent and Trademark Office, U.S DEPARTMENT OF COMMERCE |
|---|--|
| | Patent and Trademark Office, U.S DEPARTMENT OF COMMERCE |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

| DEC | LA | <u>RATIO</u> | <u>N</u> _ | <u> </u> | tilit | y or [| <u>Desig</u> | n | Pater | nt . | App | licatio | on |
|--|--|---|---------------------------------------|---------------------------------|---------------------------------|---|-----------------------------|-------------|----------------------------------|-----------------|-----------------------|-----------------------------------|-------------------------------|
| I hereby claim the United States of United States or information which and the national of the states of the state | Ameri PCT In h is ma | ca, listed below ternational appl terial to patenta | and, ins lication in ability as | sofar as n the ma defined | the sub nner pr I in 37 C | oject matter ovided by th SFR 1.56 wh | of each of e first parag | the grap | claims of this oh of 35 U.S.C | appli . 112, | ication is Tacknov | s not disclosed viedge the dut | l in the prior to disclose |
| U.S | U.S. Parent Application or PCT Parent Parent Filing Date Number (MM/DD/YYYY) (if applicable) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. | | | | | | | | | | | | | |
| As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer Number 27157 | | | | | | | | | | tomer Code | | | |
| | | • | | Registe | | tration | lame/registi | auo | n number iisi | ea ber | ow | | stration |
| | Nam | e | | | | nber | | | Name |) | | | mber |
| | | | | | | | | | | | | | |
| Additional reg | gistere | practitioner(s) | named o | n supple | mental | Registered | Practitioner | Info | rmation shee | t PTO | /SB/020 | attached here | eto. |
| Direct all corres | ponde | | | nerNun Code La | | 27157 | | | OR | | Corresp | ondence add | ress below |
| Name | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
| Address | | | | | | | Т | _ | | | <u> </u> | | |
| City | | | | | | | State | | | ZIP | | | |
| Country | | | | Te | lephor | ne | | | | Fax | 1 | | |
| I hereby declare believed to be tr punishable by fir application or any | ue; and ne or ir | d further that th nprisonment, o | ese stat r both, ι | ements | were n | nade with th | e knowledg | ge tl | hat willful fals | se sta | tements | and the like s | o made are |
| Name of Sole | or F | irst Invento | r: | | | | ☐ A peti | itior | n has been f | iled fo | orthis u | nsigned inve | entor |
| Give | n Nan | ne (first and mic | ldle [if a | any]) | | | | | Family | / Nan | ne or St | ırname | |
| Alex | | | | | | | Davidl | kha | | | | | |
| Inventor's Signature | 1 | | | | | | | | | | | Date | |
| Residence. Cit | | | | | | | | | Canada | | | | |
| Post Office Add | ress | 1514 Mer | row I | Road | | | | | | | | | |
| Post Office Add | Iress | | | | | | | | | | | | |
| City | Mississauga State Ontario ZIP L5J 3C5 Country Canada | | | | | | | | | | | | |
| X Additional in | vento | rs are being n | amed o | nthe _ | 1su | pplementa | al Addition | al Ir | nventor(s) sl | neet(s | s)PTO/ | SB/02A attac | hed hereto |

| | | | | | | | | | | ۰ |
|--------|------|---|------|------|-----|--------|------|-----|---------|---|
| Please | type | а | plus | sign | (+) | inside | this | box | 1 + | |

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | |
|---|---------|--------------------------------|----------|--------------------------|------------|--|--|--|
| Given Name (first and middle [if any]) | | | | Family Na | me or S | urname | | |
| Frank L. | | | Kem | eny | | | | |
| Inventor's Signature | | | | | | Date / | | |
| Residence: City Lewiston | State | NY | C | ountry US | | Citizenship Canada | | |
| Mailing Address 4994 Oak Hill Drive | | | | | | | | |
| Mailing Address | , | | | | | the second secon | | |
| City Lewiston | State | NY | | ZIP 14092 | Counti | y US | | |
| Name of Additional Joint Inventor, if any | y: | | | A petition has been file | d for thi | s unsigned inventor | | |
| Given Name (first and middle [if any]) | | | | Family Na | me or S | urname | | |
| Ali | | | L | angari | | | | |
| Inventor's Signature | | | | | | Date V | | |
| Residence: City Toronto | State | State Ontario Country Canada | | | | Citizenship Canada | | |
| Mailing Address 47 Thorncliffe Park Drive | e, Apt. | . 2517 | | | | | | |
| Mailing Address | | | | | | | | |
| City Toronto | State | • Ontar | io | ZIP M4H 1J5 | Cou | _{intry} Canada | | |
| Name of Additional Joint Inventor, if an | y: | | | petition has been filed | d for this | s unsigned inventor | | |
| Given Name (first and middle [if any]) | L. | | | Family | / Name | or Surname | | |
| David I. Walker | | | | | | | | |
| Inventor's Signature | | | | | | Date 1/ | | |
| Residence: City Bolton | Ontar | | | | | | | |
| Mailing Address 72 Strawberry Hill Court | | | | | | | | |
| Mailing Address | | | <u>.</u> | | | | | |
| City Bolton | State | Ontar | io | ZIP L7E 2M4 | С | ountry Canada | | |

Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.